



Delivery Type File Order Form

1 Customer Shipping Information:

Attention:		
Company:		
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #:		Apt/Suite #:
City:	State:	ZIP+4 Code:
Foreign Country (<i>If applicable</i>):		Foreign Postal Code (<i>If applicable</i>):
Phone Number:	Fax Number:	Email Address (<i>Required for Web download</i>):

2 Media Type:

<input type="checkbox"/> 3.5 Inch Diskette	Quantity <input type="text"/>
<input type="checkbox"/> Web Download (<i>Email address required</i>)	X \$50.00
	Purchase Amount \$ <input type="text"/>

Send payment & order form to:
ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001

For Assistance Call:
Customer Support
800-238-3150
Fax: 901-681-4542

3 Payment Method

Make check or money order payable to "United States Postal Service." DO NOT SEND CASH!!	
<input type="checkbox"/> Tax ID #	<input type="text"/>
<input type="checkbox"/> Express Mail Corporate Acct. #	<input type="text"/>
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Discover	<input type="checkbox"/> Diners Club
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	
Credit Card #	<input type="text"/>
Card expiration date:	____ / ____
Authorized Personnel (please print)	
Signature	
The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.	